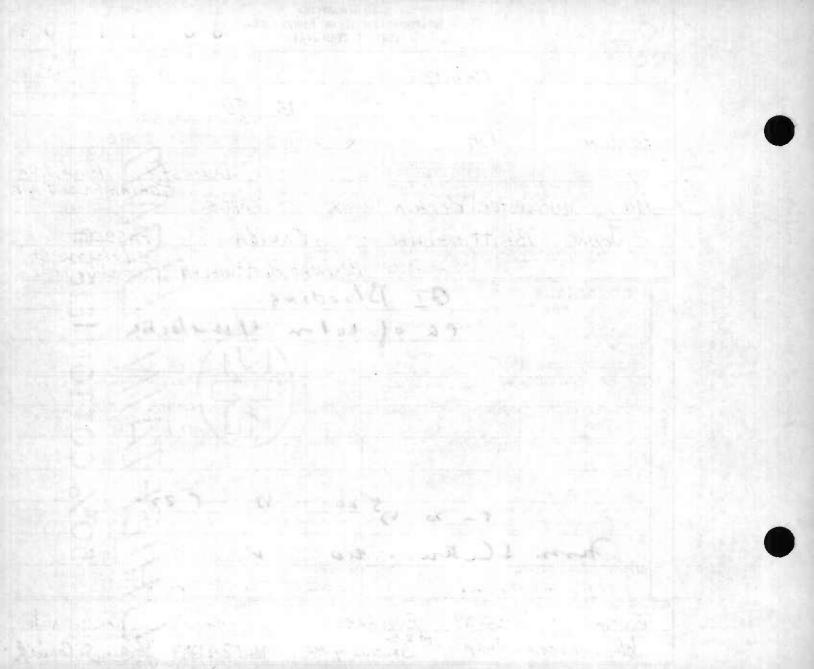
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DHMH - 16 50M 7/77 (VR A 15 (4))	24	UNERAL DIRECTOR NAME OF LEVE MEM	Chapel-OR	44 SALIDI	TE REC'D. BY REGISTRAR	25h REGISTRAR'S SIGNATURE

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH TYPE OR PRINTS BERTIE MERRILL MAE May 16, 1983 3. SEX 4 RACE 5. DATE OF BIRTH A AGE LIN YEARS LAST BIRTHDAYS Nov. 24. 1906 white 76 female BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED COUNTRY USA Maryland Worcester DIVORCED WIDOWED CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

IF UNDER TYEAR BALTIMORE CITY OR COUNTY OF DEATH 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY housewife Pocomoke residence) R.F.D. 136 COUNTY R. F. D. 13d. INSIDE CITY LIMITS? Pocomoke Worcester Maryland NO X FATHER'S NAME IS MOTHER'S MAIDEN NAME WIDDLE LAST MIDDLE Holland Addie Benson Levin 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMAN ADDRESS.D. 1 (YES, NO OR UNKNOWN) 212-74-4509 Hargis Merrill Pocomoke City. Md. no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY EPEBPO-VAS CULA ACCIDENT IMMEDIATE CAUSE 10 APPRICONSEQUENCE OF SCLEPOTIC C-V DISEASE gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION COUNTY STATE CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE 220 I certify that (1) (this haspital) attended the deceased from 19 83, and that in aur) apinion death accurred on the date and hour and from the causes stated abave (Diwe (idid did not) view the body ofter death 276. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

DHMH - 16 50M 1/81 (VRA 15, 4)

23s. BURIAL, CREMATION, REMOVAL 23b. DATE 5/18/83 Burial

22d. PHYSICIAN'S NAME ITYPE OF PERMIT

23c. NAME OF CEMETERY OR CREMATORY

22e ADDRESS

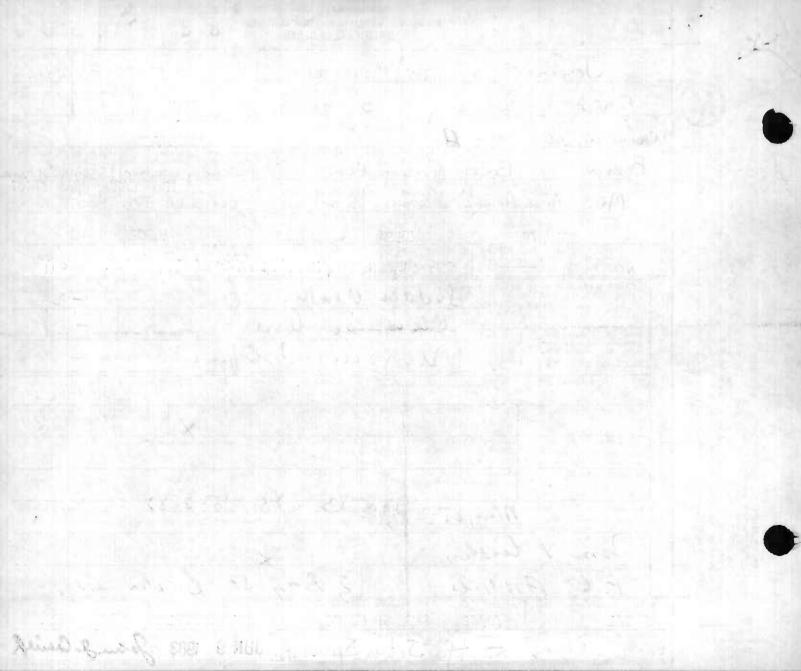
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	STATE OF MARYLAND
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	1. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 25 HOLLR
e 3	(TYPE OR PRINT) JOSEPHINE T. HARASA MOUBAYED 5-29-83 C: 30 AM
20	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
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1	10 BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH
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led with	10 CITY OR TOWN OF BEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (FINDT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) (TYPE OF WORK FOR MOST OF WORK FOR MOST OF WORKING LIFE) (TYPE OF WORK FOR MOST
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7 2 2	14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME
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8 0	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT HUSBANDADRESS
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RTA	22d. PHYSICIAN'S NAME (TYPE OR PRINT)
with the Sto	1.6. HATHLE & BOYS ST DENIN MO
3 4	230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION
	BURIAL 6/2/83 GATE OF HEAVEN SILVER SPRING MONT MD. TATE
2/80	24. FUNERAL DE TOP FRANCIS I. COLLINS
4)	500 INTU RIVD W STIVER SPRING MD. 20901 JUN 9 1983 June Comes



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₹ # # O I C		death resulted from: Natu	ıral causes 🔲,	Accident,	Suicide	, Homicide K.	Undetermined monner,	
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ZHE HAN		SIGNATURE / YV	7	7 '	_ N	.D. Assista	nt MEDICAL EXAMINER	SIGNED 5-30-83
A DINE	11	EXAMINER'S NAME	M DIV	MD		111	Penn St., Balto.	Md 21201
TO MEDICAL E EXECUTE THE POST A SHOUND TO FUNERAL II AFTER DEATH,		(TYPE OR PRINT)	M. Dixor			ADDRESS		110, 21201
₽₩₽₽ ₹₩	230.	BURIAL, CREMATION, REMOVAL	736 DATE	23c. NAME OF	CEMETERY	A CREMATORY	23d. LOCATION CITYOR TOWN	COUNTY STATE
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should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept-of Health and Mental Hygiene prior to burial, cremotion, or removal.

Minnie Transcription of the Manual Sports on Management 18 shows only

TO FUNERAL DIRECTOR: After this certificate has been

injury, ar other traumotic event, the medical examiner must be

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2	FOR 1 - STATE	DEPART
	REGISTRAR	

STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYGIEN

8	3		9	4 5	
1	· REG.	NO.			
DATE OF	DEATH	нтиом	DAY	YEAR	2

1	REGISTRAR		CERTIFICATE OF DEATH	; REG. NO.	
	PECEASED NAME FIRST PE OR PRINT) JAME	WIDDLE	ROBINS	20 DATE OF DEATH MONTH DAY	YEAR 26. HOUR 5
3. S	MALE	4 RACE BLACK	S. DATE OF BIRTH MONTH DAY YEAR YEAR	6 AGE (IN YEARS LAST BIRTHOAY) FOR MONTH	DER 1 YEAR IF UNDER 24 HRS S DAYS HOURS MIN.
3	BIRTHPLACE ISTATE OR FOREIGN COUNTRY) MRY LAND CITY OR TOWN OF DEATH	7b. CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED UNIDOWED DIVORCED DISTRICTION	9 BALTIMORE CITY OR COUNTY OF D WOR CESTER 120 USUAL OCCUPATION 121	MD.
4	Svow Hice	HARRISON HOLLS	ADDRESS) HURSING Home		Jare-house
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90	William	ROBIN	15 Alice	WIDDIE	LAST
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	Canditions, if any, which gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO BE	NCE OF	NINAL DISEASE OR CONDITION GIVEN IN	PART 1(a)
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	saw the deceased alive or	Max 25th 19 view the body after death.	DEGREE ATTENDING	death accurred on the date and haur and	from the couses stoted 270. DATE SIGNED 5-21-33
	22d. PHYSICIANS NAME (TYPE OF	PRINI) HOEZWORTH	22e ADDRESS	es ST. Smow His	4 Ma 21863
23a	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION COUN	ITY STATE

BP. DHMH - 16 50M 7/77 (VRA 15 (4))

24 FUNERAL DIRECTOR

JUN 1 0 1983

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1			REGISTRAR CERTIFICATE OF DEATH REG. NO.
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	ge 4 ector rs of	1	Male White 6-14-1915 67 YRS. MONTHS DAYS HOURS MIN.
	(MA) 57	la Bi	IRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 19 BALTIMORE CITY OR COUNTY OF DEATH
		10 C	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN, SUCH FACILITY, GIVES TREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
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AND 2120	fill dishould be	M	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 136 COUNTY 137 CITY OR TOWN 137 INSIDE CITY LIMITS? 138 STREET ADDRESS 102 N. Church St.
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ST., BALT	physici npaper movol.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ard (c),) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Which is the control of the co
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A	ē		CHRO		RONCH 1		ADETTO	ANEURY		Tool I	EVEC WEDE	Enter		
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ing physicion. Is certificate hos burial-transit per Mental Hygiene or Item 18 shows	EE F	210. ACCIDENT WAS UNDE	RLYING	21b. TIME O		. Harris	21c. HOW	INJURY OCCUR				PART 2)		
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BP	1	SUCTAL	0	6-1-	83	DALE	CEMI	STERY	WHALE	YVICE	WOCCE	STEC	MO	

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